



Orange County Department of Education
Business Services

FAMILY SUPPORT SERVICES

Tel. (714) 708-3860 • Fax (714) 708-2916

Mailing Address

Family Support Services
P.O. Box 9050
Costa Mesa, CA 92628-9050

TRAINING VERIFICATION

Training Verification form & class schedule is required at the time of initial certification. **At the time of recertification**, progress documentation is also required. To increase days and/or hours between certification periods, new Training Verification and Request for Change Services forms are needed. Note: **Increases in days/hours will not be backdated**

PROGRESS VERIFICATION

Complete **ONE** of the following:

- Initial Certification or New Student:** No records are needed at this time.
- Recertification:** Attach copy of report card, transcript or other training records from the most recently completed quarter, semester or training period showing progress.

SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian First and Last Name (Print)

Phone Number

Street Address

City

Zip Code

Family Support Services **has my permission to contact my training institution** to verify my information.

Parent/Guardian Signature

Date

STUDY TIME REQUEST - If available, attach documentation of the schools recommended study time.

If needed, you may request study time for a maximum of 2 hours per academic unit. Indicate one of the below:

- I do not need child care services for study time.
- I would like to request study time for the following days and times: _____
(Example: Mon & Wed 1pm-3pm)

SECTION TO BE COMPLETED BY TRAINING/EDUCATION INSTITUTION REGISTRAR OR AUTHORIZED OFFICIAL

Name of Institution

Phone Number

Street Address

City

Zip Code

CLASS SCHEDULE VERIFICATION - Complete **ONE** of the following to verify current class schedule:

- Attached is an electronic printout of the parent/guardian's course from the training institution.
- Below is the student's class schedule with the signature and/or stamp of the School/Institution Registration office.

	Day(s) of week	Time of Class	Course Name	Course #	Units
1.					
2.					
3.					
4.					
5.					

Signature and/or Stamp from the Training Institution Registrar

Date